2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State
03-19-2007 90088 003 ****61.25

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1. Entity Name
THE ALEXANDER TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3505 SOUTH OCEAN DR. MANAGER'S OFFICE HOLLYWOOD, FL 33019	3505 SOUTH OCEAN DR. MANAGER'S OFFICE HOLLYWOOD, FL 33019

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03022007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0413131 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HYMAN-ESQ., MICHAEL 150 W. FLAGLER STREET SUITE 2701 MIAMI, FL 33130	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WEILBACHER, PAM 3505 S. OCEAN DR., APT. 810 HOLLYWOOD, FL 33019	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WEILBACHER, PAM 1495 N PARK DRIVE WESTON FL 33326	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FEBBRAIO, ERNEST 3505 S. OCEAN DR., APT. 907 HOLLYWOOD, FL 33019	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CAMILLO, CAROL A 1495 N PARK DRIVE WESTON FL 33326	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RAMOS, DANIEL 5855 W 2ND AVE HIALEAH, FL 33012	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SWEATT, LYDIA 1495 N PARK DRIVE WESTON FL 33326	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERRERA, JORGE 11240 SW 128 ST MIAMI, FL 33176	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T McGEE, KIM 1495 N PARK DRIVE WESTON FL 33326	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GONZALEZ, JULIO 8310 S.W. 36TH ST MIAMI, FL 33185	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOLEDO, JOHN 1495 N PARK DRIVE WESTON FL 33326	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/29/07 954-927-0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #